DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2013 FORM APPROVED OMB NO. 0938-0391

FRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/28/13	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) With the condition of the c		155651		B. WING					
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Code Recertification and State Licensure Survey conducted on 05/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/28/13	{K 000}	INITIAL COMMENTS	3	{K (000}				
Provider Number: 155651 AIM Number: 100291330 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of 100, 200, 400 and 600 halls was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and sprinklered. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridors, spaces		A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/28/13 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of 100, 200, 400 and 600 halls was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and sprinklered. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system							
detectors in resident sleeping rooms. The facility	ARODATORY	detectors in resident	sleeping rooms. The facility	=		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED R 06/28/2013	
		155651	B. WING				
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN			•	STREET ADDRESS, CITY, STATE, ZIP CODE 651 S STATE ST FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE COMPLETION	
{K 000}	All areas where the reaccess were sprinkled facility services were shed used for facility Quality Review by Rocode Specialist-Medi INITIAL COMMENTS A Post Survey Revisic Code Recertification acconducted on 05/22/1 Indiana State Departraccordance with 42 Company Date: 06/28/2 Facility Number: 000 Provider Number: 15 AIM Number: 10029 Surveyor: Phillip Kom	and had a census of 101 at y. esidents have customary red. All areas providing sprinklered except for one storage of equipment. bett Booher, Life Safety cal Surveyor on 07/01/13. it (PSR) to the Life Safety and State Licensure Survey a was conducted by the ment of Health in CFR 483.70(a).		0000}			
	was found in complia Participation in Medic Subpart 483.70(a), Li 2000 edition of the NI Association) 101, LS0 410 IAC 16.2. The 30 Chapter 18, New Hea	domeview Center of Franklin nce with Requirements for care/Medicaid, 42 CFR fe Safety from Fire, and the FPA (National Fire Protection C (Life Safety Code) and 00 hall was surveyed with alth Care Occupancies. consists of two sections: the in 1985 determined to be of					

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{K 000}	and the New Wing ad the original building in construction and sprir original building and t type of construction, to one building. The fact with smoke detection open to the corridors detectors in resident shas a capacity of 115 the time of this survey. All areas where the reaccess were sprinkler.	ction was fully sprinklered dition added to the south of a 2005 is of Type V (111) anklered. Because the he addition are the same he facility was surveyed as cility has a fire alarm system in the corridors, spaces and hard wired smoke sleeping rooms. The facility and had a census of 101 at v.	{K (0000			